

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
**10730031**

FILING DATE

**4/4/07**

CLAIMS

AS FILED	AFTER		AFTER		
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
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TOTAL IND.		3			
TOTAL DEP.		15			
TOTAL CLAIMS		18			

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